

WELL DRILLER'S REPORT

NORTH DAKOTA BOARD OF WATER WELL CONTRACTORS STATE OF NORTH DAKOTA

SFN 60273 (11/2013)

ND Board of Water Well Contractors • 900 E. Boulevard Ave. - Dept. 770 • Bismarck, ND, 58505-0850 State law requires that this report be filed wit the State Board of Water Well Contractors within 30 days after completion or abandonment of the well.

| WELL OWNER | | | | | | Was pump installe | ed? ☐ Ye | s 🔲 No | | | |
|---|------------------------------|--------------------|--|-----------|---------------------------------------|---|--------------------|-----------------|---------------------|------|--|
| Name | | | | | | Was well disinfected upon completion? | | | | | |
| Address | | | | | | WATER LEVE | :1 | | | | |
| WELL LOCATION Sketch map location must agree with written location. | | | | | | Static water level (in feet) below surface | | | | | |
| | County | GPS | | | If flowing, closed-in pressure in psi | | | | | | |
| <u> </u> | 1/4 | | 1/4 | | 1/4 | | | | | | |
| | \dashv | | | | | GPM flow | Th Valve | rough | | pipe | |
| | | Township | Rang | le | Section | Controlled by | Other | | | | |
| PROPOSED U | SE | | | | | WELL TEST DATA | | | | | |
| | ☐ Geoth | | ☐ Municipal ☐ Monitoring | | ndustrial Fest Hole | Pump Bailer Other | | | | | |
| METHOD DRII | | | | | | Pumping level below land surface Feet after Hrs. pumping gpm | | | | | |
| | | | | otary 🔲 l | Reverse Rotary | Feet after Hrs. pumping | | | gpm | | |
| WATER QUAL | WATER QUALITY Was a water sa | | | ed for | | | | | | | |
| Chemical Analysis? ☐ Yes ☐ No | | | | | | - Feet after | Hrs. pt | rs. pumping gpm | | | |
| Bacteriological Analysis? | | | | | | WELL LOG | | | | | |
| If so, to what laboratory was it sent? | | | | | | Formation | | | Depth (ft.) From To | | |
| ii so, to what labor | atory was | s it sent: | | | | | | | 1 10111 | 10 | |
| WELL CONST | | ON | | | | | | | | | |
| Diameter of hole in | inches | | Depth in fe | et | | | | | | | |
| Casing: | | <u>I</u> | | | - | | | | | | |
| | | | ☐ Concrete ☐ Other ☐ If other, specify | | | | | | | | |
| Pipe Weight Diameter | | meter | From | | То |] | | | | | |
| lb/ft | inches | | feet | | feet | | | | | | |
| lb/ft | inches | | feet | | feet | - | | | | | |
| lb/ft | ind | ches | feet | | feet | - | | | | | |
| Was perforated pipe used? ☐ Yes ☐ No | | | | | | | | | | | |
| Perforated pipe set from in feet | | | | | | | | | | | |
| Was casing left open end? ☐ Yes ☐ No | | | | | | - | | | | | |
| Was a well screen installed? ☐ Yes ☐ No | | | | | | | | | | | |
| Material | | Diameter in inches | | | - | | | | | | |
| Slot Size | Slot Size Set from | | m in feet | | To in feet | (Use separate sheet if necessa | | | /) | | |
| Slot Size Set from | | | m in feet To in feet | | | DATE COMPL | | | | | |
| Was packer or seal used? ☐ Yes ☐ No | | | | | | WAS WELL PLUGGED OR ABANDONED? | | | | | |
| If so, what material Depth in feet | | | | | | ☐ Yes ☐ No If so, how | | | | | |
| Type of well | | | | | | REMARKS | | | | | |
| Depth grouted Fr | | | om | | То | | | | | | |
| Grouting Materi | Cer | ment | | Other | - | | | | | | |
| If other, explain: | | | | | | DRII I ED'S C | ERTIFICATION | | | | |
| Well head completion: Pitless unit | | | | | | DRILLER'S CERTIFICATION This well was drilled under my jurisdiction and this report is true to the best of my knowledge. | | | | | |
| 12" above grade | | Other | | | Driller's or Firm's | Name | Certificate Number | | | | |
| If other, specify | | | | | | Address | | | | | |
| | | | | | | Signed by | by Date | | | | |